

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 546

CERTIFICATE OF DEATH

07031

Reg. Dist. No.

166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(c) If veteran, name war World War #1. [★]

3. (a) FULL NAME

Harold McKinley Dawson.

3. (b) Social Security Number

218-10-8904

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.
 6. (b) Name of husband or wife Ursula L. McIntire Dawson
 6. (c) If alive, give age 49 years
 7. Birth date of deceased (mo., day, yr.) March 25th, 1896.
 8. AGE: Years 50 Months 4 Days 0 If less than one day _____ hrs. _____ min.
 9. Birthplace Mt. Lake Park, Md/
 (Town, county, and state)
 10. Usual occupation Druggist.
 11. Industry or business

FATHER 12. Name Charles Fillmore Dawson.
 13. Birthplace Frostburg, Md. Alle County.
 MOTHER 14. Maiden name Helena Soelter.
 15. Birthplace Accident, Maryland.

16. Informant Walter Dawson.
 Address Oakland, Maryland.
 17. Burial Date thereof July 27th/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland, Cemetery.
 Location Oakland, Maryland.

18. Funeral director Ernest D. Golden
 Address Oakland, Md.
July 26 19 46 Julius Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 7:00 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 7 191940 to July 25 1946
 and that I last saw him alive on July 24 1946

Immediate cause of death

Brain Tumor;Malignant. Conf. R.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Brain TumorDate of op. March 1943

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE E. J. Baumgartner M.D. M. D. or otherAddress Oakland Md. Date signed 7/26/46

RECEIVED

AUG 7 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 0703262
 Reg. Dist. No.

1. PLACE OF DEATH:

County **Garett**
 City or town **Grantsville Md**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **24 Years**
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State **Md** County **Garett**
 City or town **Grantsville Md**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Louis Diefenbach

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M**W****Widowed**6. (b) Name of husband or wife **Jane Diefenbach**

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) **October 20 - 1862**8. AGE: Years Months Days If less than one day
83 9 2 hrs. min.9. Birthplace **R.D. 2 Grantsville Md**
(Town, county, and state)10. Usual occupation **Blacksmith**

11. Industry or business

12. Name **Henry Diefenbach**13. Birthplace **Germany**14. Maiden name **Margaret Wagner**15. Birthplace **Germany**16. Informant **Mrs Carrie Beachy**Address **Grantsville Md**17. **Burial** Date thereof **7-25-1946**
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Grantsville**Location **Grantsville Md**18. Funeral director **Wm Winterberg**Address **Grantsville Md**19. **July 24 1946 Ethel Broadwater**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 22 1946 at 11 p. M**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1946 to July 22 1946
and that I last saw him alive on **July 22 1946**Immediate cause of death **chronic myocarditis** DURATION **2 yrs**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **N. B. Davis M.D.** M. D. or otherAddress **Grantsville Md** Date signed **July 23**

RECEIVED
JUL 27 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change
of given name is shown on
G107 9/17/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

07033

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
City or town Deep Creek, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Deep Creek, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Harry Herman (Hal H.) Draper.

3. (b) Social Security Number

477-05-1710

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.
6. (b) Name of husband or wife Cecelia Arnold Draper
6. (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) January 9th 1900
8. AGE: Years 46 Months 6 Days hrs. min.

9. Birthplace Barnsville, Minnesota.
(Town, county, and state)
10. Usual occupation Photographer
11. Industry or business

12. Name Henry H. Draper.
13. Birthplace Swartz Creek, Michigan.
14. Maiden name Jennie Cook.
15. Birthplace Toronto, Canada.

16. Informant Mrs. Cecelia Draper.
Address Deep Creek, Maryland.

17. Burial Burial Date thereof July 10/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Marshall Friend, Cemetery
Location Deep Creek, Maryland.

18. Funeral director Emory D. Bolden
Address Oakland, Md.
Date rec'd by registrar July 7, 1946 Registrar Julius A. Rowan
Local

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH July 6th 1946 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death
and that I last saw him alive on July 6th 1946

Immediate cause of death Accidental drowning
Due to while in swimming

Due to
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 7/6/46
Where did injury occur? near Oakland Garrett Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Deep Creek Lake
Means of injury drowning Injured at work? no

23. SIGNATURE E.D. Baumgartner M.D. examined Garrett Md
Address Oakland Md Date signed 7/8/46

RECEIVED

JUL 12 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 07034 163

1. PLACE OF DEATH:

County Garrett
 City or town Near Vindex
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 73 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Garrett
 City or town Rural - Near Vindex
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel Reason Harvey

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Myrtle V. Harvey
 8. (c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) 17 November 1872
 8. AGE: Years 73 Months 7 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Vindex-Garrett-Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business own farm

12. Name William S. Harvey

13. Birthplace Vindex, Md

14. Maiden name Rachel Barnhouse

15. Birthplace Bloomington, Md

16. Informant Mrs. E. B. Harvey

Address Swanton, Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 5 July 1946
 (month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery

Location near Vindex, Md.

18. Funeral director Ellsworth S. Boal

Address 111 Church St. Westernport, Md.

19. July 5 1946 Gregg Patterson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946 at 6:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death Chronic Myocarditis

DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edgar B. Patterson M.D. Dech med.
Oakland Md Samuel Harvey
 M. D. or other _____

Address _____ Date signed 7/3/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

07035/62
Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Grantville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Garrett
City or town Grantville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Nancy Elizabeth Lewis

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

6. (a) Single, married, widowed, or divorced

Single

B (b) Name of husband or wife

None

7. Birth date of deceased (mo., day, yr.)

July 22 1946

6 (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

2 hrs.

min.

9. Birthplace

Grantville MD

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

7-22-1946

18. Cemetery or crematory

Location

19. Funeral director

Address

20. Date rec'd by registrar

21. Registrar

22. Signature

Address

Date signed

23. Signature

Address

Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 22 1946, at 6:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 22 1946, to July 22 1946

and that I last saw him alive on July 22 1946

Immediate cause of death

Immature birth

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

U. P. Davis M.D.
Grantville MD Date signed July 22

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 26 1946
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

Reg. Dist. No. 07036 66

1. PLACE OF DEATH:

County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2. (a) If veteran, name war World War #2

3. (a) FULL NAME

Foster Milburn Mann.

3. (b) Social Security Number

217-18-4863

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 10th, 1926

8. AGE: Years 20 Months 6 Days 15 If less than one day hrs. min.

9. Birthplace Oakland, Maryland.
(Town, county, and state)

10. Usual occupation Student.

11. Industry or business

12. Name Milburn Wendell Mann.

13. Birthplace Romney, W. Va.

14. Maiden name May lee.

15. Birthplace Garrett County.

16. Informant Milburn Wendell Mann.

Address Oakland, Maryland.

17. Burial Date thereof July 28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland Cemetery.

Location Oakland, Maryland.

18. Funeral director Emory D. Bolden

Address Oakland, Md.

19. (Date rec'd by registrar) July 27 46 Registrar Julia Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th, 1946 at 12:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after death

and that I last saw him alive on 1946

Immediate cause of death Compound fracture frontal portion of skull

Due to

Due to

Other conditions Fracture left femur

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/26/46

Where did injury occur? near Oakland-Garrett-Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) US Rt. 219

Means of injury Auto collision Injured at work? No

23. SIGNATURE E. J. Baumgartner M. D. or other

Address Oakland Md Date signed 7/27/46

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 7 1945

BUREAU

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Evidence for change of birth date
deceased is shown

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

mos.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

St.

Ward.

(Usual place of abode)

Registration Dist. No.

St.

Ward

If death occurred in a hospital or institution, give its NAME instead of street and number

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country)

13. NAME

14. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town). (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

Year

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22.

I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

CERTIFICATE OF DEATH

07038

Reg. Dist. No. 162

1. PLACE OF DEATH: **Garett**
 County.....
 City or town..... **Jennings**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **40 Years**
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Md** County **Garett**
 City or town..... **Jennings**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John Michael Miller

3. (b) Social Security Number

None

4. Sex **M** 5. Color or race **W** 6. (a) Single, married, widowed, or divorced **Married**
 8. (b) Name of husband or wife **Laura Miller**
 8. (c) If alive, give age **69** years
 7. Birth date of deceased (mo., day, yr.) **June 1-1872**
 8. AGE: Years **74** Months **2** Days **-** If less than one day
 hrs. min.

9. Birthplace **Eckard Md**
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business **Farmer**
 FATHER 12. Name **William Miller**
 13. Birthplace **Not Known**
 MOTHER 14. Maiden name **Elizabeth Porter**
 15. Birthplace **Not Known**

16. Informant **Elmer Miller**
 Address **Jennings Md**
 17. **Burial** Date thereof **8-4-1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Handwerk**
 Location **Near Jennings Md**
 18. Funeral director **Max Winterberg**
 Address **Grantsville Md**
 19. **Aug 2** 19 **46** **Ether Broadwater**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 31** 19 **46** at **10:00 P** M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Jan 1** 19 **45** to **July 31** 19 **46**
 and that I last saw him alive on **July 28** 19 **46**
 Immediate cause of death **Cerebral Hemorrhage**
 DURATION
 Due to.....
 Due to.....
 Other conditions **Arteriosclerosis**
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury injured at work?
 23. SIGNATURE **M. R. Davis M.D.**
 M. D. or other
 Address **Grantsville Md** Date signed **Aug 2**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

07039

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:

County GARRETT
 City or town FROSTBURG (RURAL)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? RD # 40
 Hospital, institution, or street address where death occurred:
L
 How long in hospital or institution? L

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MARYLAND County GARRETT
 City or town FROSTBURG - RURAL
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RD # 40
 (If rural, give LOCATION)
 2.(a) If veteran, name war NONE

3. (a) FULL NAME

MRS-ROSE-ELIZABETH-OPEL

3. (b) Social Security Number

4. Sex F 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced WIDOWED
 6.(b) Name of husband or wife JACOB H. OPEL

7. Birth date of deceased (mo., day, yr.) MAY 28 - 1883
 6.(c) If alive, give age — years

8. AGE: Years 63 Months 1 Days 15 if less than one day — hrs. — min.

9. Birthplace GARRETT-CO. MARYLAND
 (Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name JAMES - CAREY

13. Birthplace GARRETT CO-MARYLAND

14. Maiden name ADA - BLOCHER

15. Birthplace GARRETT CO. MARYLAND

16. Informant Rose O Opel

Address SALISBURY-PA RD # 1

17. BURIAL Date thereof JULY-16-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Zion CEMETARY

Location FROSTBURG RD # 40

18. Funeral director Stanley M Thomas

Address Salisbury Penna

19. July 15, 1946 Registrar Michael

Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946 at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9 1941 to July 13 1946 and that I last saw her alive on July 3 1946

Immediate cause of death generalized carcinomatosis DURATION 2 yrs.

Due to Carcinoma Breast.

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations Far advanced malignancy right breast Date of op. 2-22-45

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

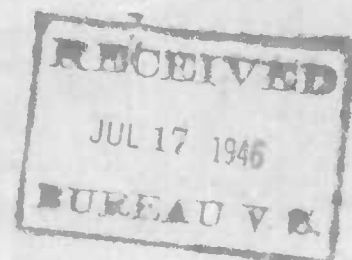
Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Alexander Solosko M.D. Address Salisbury Pa Date signed 7/14/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07040 66

Reg. Dist. No.

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5½ yrs.

Hospital, institution, or street address where death occurred:

Kisers Nursing HomeHow long in hospital or institution? 5½ yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Crollin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Alexander Park

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife.

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) May 6, 18818. AGE: Years 65 Months 2 Days 21 If less than one day9. Birthplace Lonaconing, Md.

(Town, county, and state)

10. Usual occupation Woodsmen11. Industry or business Timber Cutter12. Name John Park13. Birthplace Scotland14. Maiden name Ellen Muir15. Birthplace Scotland16. Informant John ParkAddress Cumberland, Md.

17. Burial

(Burial, cremation, or removal. Which?) July 29, 1946Cemetery or crematory Texas CemeteryLocation Preston Co., W. Va.18. Funeral director Herbert C. LeightonAddress Oakland, Md.19. 7-28-46 Julia Rowan

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 1945 to 7-27-46and that I last saw him 1m alive on 7-26-46

Immediate cause of death

Hemorrhaging Gastric Ulcer

DURATION

3 monthsHad Had chronic Gastric ulcers for yearsHad heart attack

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. B. ... M. D. or otherAddress Oakland, MarylandDate signed 7-29-46

UNITED STATES OF AMERICA

1945

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RECEIVED

AUG 7 1945

BUREAU

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County Garrett
 City or town Gorman, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Gorman, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Cromwell Scott Reall.

3. (b) Social Security Number

212-12-8565

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Daisy E. Reall. 8.(c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) Oct 30th, 1882.
 8. AGE: Years 63 Months 8 Days 14 If less than one day _____ hrs. _____ min.
 9. Birthplace Mt. Storm, W. Va.
 (Town, county, and state)
 10. Usual occupation coal miner
 11. Industry or business

MOTHER FATHER
 12. Name Henry Clay Reall.
 13. Birthplace West Virginia.
 14. Maiden name Betty Jane Eye.
 15. Birthplace Pendleton County, W. Va.
 16. Informant Mrs. Marl Liller.
 Address Gorman, W. Va.

17. Burial Date thereof July 15/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Fairview Cemetery.
 Location Near Gorman, Md.
 18. Funeral director Guy D. Golden
 Address Lateland, Md.
 19. 7/20 46 Elmer C. Shaffer
 (Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH July 13th 1946 19____ at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/20 1945 to 7/13 1946
 and that I last saw him alive on 7/12 1946

Immediate cause of death Coronary thrombosis DURATION 1 week
2nd attack and followed by 4 days
cerebral embolism + hemiplegia
 Due to Coronary arteriosclerosis 2 yrs.

Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations no
 Date of op.

Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Harold C. Miller M.D. M. D. or other
Eglen, W. Va. Address Date signed 7/16/46

RECEIVED

JUL 23 1946

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07042

Reg. Dist. No. 172

1. PLACE OF DEATH:

County **Garrett**City or town **Rural - Kitzmiller**
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death **1 mile West**Hospital, institution, or street address where death occurred:
Dill Hole - Potomac River

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Garrett**City or town **Kitzmiller**
(If outside city or town limits, write RURAL and give nearest town)Street No. **Water Street**

(If rural, give LOCATION)

2. (a) If veteran, name war **no**

3. (a) FULL NAME

Arthur Myles Riggleman

3. (b) Social Security Number

215-10-3390

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife **Mary Elizabeth (Kinser)****Riggleman** 427. Birth date of deceased (mo., day, yr.) **May 7 1905**8. AGE: Years **41** Months **1** Days **27** It less than one day
.....hrs.min.9. Birthplace **Westernport, Alleg. Co., Md.**
(Town, county, and state)10. Usual occupation **Miner**
Coal Mines

11. Industry or business

FATHER 12. Name **Richard Riggleman**
13. Birthplace **Allegheny Co., Md.**MOTHER 14. Maiden name **Daisy Ellen Rohrbaugh**
15. Birthplace **Petersburg, W. Va.**16. Informant **Mrs. Mary E. Riggleman**
Address **Kitzmiller, Md.**17. Burial **July 7, 1946**
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory **Davis Cemetery**
Location **West Vindex, Md. Garrett Co., Md.**18. Funeral director **Otha F. Sharpless**
Address **Blaine, W. Va.**19. **7/15/46** 19 **46** **Alb. R. R. R.**
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 4** 19 **46** at **7:00 P.** M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **11:00 A.M. to 1:00 P.M.**
Examined after death
and that I last saw him alive on **July 4, 1946**Immediate cause of death **Accidental Drowning**Due to.....
Due to.....Other conditions **Fractured Cervical Vertebrae**
(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results **none**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **Accident** Date of **July 4, 1946**Where did injury occur? **Kitzmiller, Garrett, Md.**
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) **Potomac River**Means of Injury **Drowning** Injured at work? **No**23. SIGNATURE **D. J. Baumgartner, M.D.** **Deputy Med.****Oakland, Md.** M. D. or other **7/14/46**Address **Oakland, Md.** Date signed **7/14/46**

RECEIVED
AUG 5 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

07043

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ohio County Montgomery
City or town Dayton, Ohio.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Reynold Fredrick Ruffi.

3. (b) Social Security Number

216-10-8269

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married.

6. (b) Name of husband or wife Cecelia Ruffi.6. (c) If alive, give age 24 years7. Birth date of deceased (mo., day, yr.) January 26th 1918.8. AGE: Years Months Days If less than one day
28 5 28hrs.min.9. Birthplace Beaver Dam, Wisconsin.
(Town, county, and state)10. Usual occupation Pilot

11. Industry or business

12. Name Joseph J. Ruffi.13. Birthplace Wisconsin.14. Maiden name Ann Kowalski.15. Birthplace Wisconsin.16. Informant Mrs. Cecelia Ruffi.Address 1842 Emerson Ave., Dayton, Ohio.17. Burial Date thereof July 27/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Catholic Cemetery.Location 1817 East 3rd St. Dayton, Ohio.18. Funeral director Emory BoldenAddress Oakland, Md.19. July 25, 1946 Julia A. Kowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July, 23, 1946, at _____ M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Examined after death.and that I last saw him alive on Dead 19____

Immediate cause of death

Accidental drowning in Deep Creek Lake, Nr. Oakland, Md.Due to Air Plane crash.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide Accident Date of 7/23/46Where did injury occur Deep Creek Lake-Garrett-Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Deep Creek LakeMeans of injury Drowning Injured at work? Yes23. SIGNATURE J. J. Brunninger M. D. or otherAddress Oakland Md Date signed 7/24/46

RECEIVED
AUG 7 1946
BUREAU 78

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07044

1. PLACE OF DEATH

County GarrettVillage or City Friendsville, Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Cora Virginia Rumbaugh

If U. S. Veteran, specify WAR

(a) Residence: No. Friendsville, Md.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write the word</u>) <u>Widowed</u>
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug. 20, 1868

7. AGE	Years <u>77</u>	Months <u>8</u>	Days <u>14</u>	If LESS than 1 day, ----- hrs. or ----- min.
--------	--------------------	--------------------	-------------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Friendsville, Md.
(State or country)13. NAME J. Thomas Garey14. BIRTHPLACE (city or town) Garrett Co. Md.
(State or country)15. MOTHER NAME Precilla Friend16. BIRTHPLACE (city or town) Garrett Co. Md.
(State or country)17. INFORMANT W. Glenn
(Address) Friendsville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Blooming Rose, Md. Date July 4, 194619. UNDERTAKER C. F. Collins
(Address) Terra Alta, W. Va.20. FILED July 3, 1946 Julia Rowan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 2,
(Month) (Day)46
(Year)

22. I HEREBY CERTIFY That I attended deceased from

May 1, 1946 to July 2, 1946
I last saw him alive on July 2, 1946; death is said to have occurred on the date stated above at 5.00A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis
ArteriosclerosisDate of onset
1940
1935

Other Contributory Causes of Importance:

PneumoniaJune 15Name of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Milton Taffer, M. D.(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48-2

07045

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Frederick
 City or town near Friendsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 33 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town near Friendsville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mollie M. Thomas

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or David Thomas7. Birth date of deceased (mo., day, yr.) May 6, 1887 8. (c) If alive, give age _____ years8. AGE: Years 59 Months 2 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace MD
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Thomas (Cousin)13. Birthplace MD14. Maiden name Susan15. Birthplace MD16. Informant David ThomasAddress Friendsville MD17. Burial Burial Date thereof July 16, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mountain DaleLocation near Friendsville18. Funeral director J. H. SavageAddress Friendsville MD19. July 15 19 46 Mrs. Kathryn Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 14 19 46 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 19 46 to July 19 46
 and that I last saw him alive on JULY 11 19 46

Immediate cause of death

Carcinoma of Cervix of uterus

DURATION

2 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Milton Tepler MD.
Friendsville MD Date signed July 15 1946
 Address _____ M. D. or other _____

STATE OF MASSACHUSETTS
DEPARTMENT OF HEALTH

STATE OF MASSACHUSETTS
DEPARTMENT OF HEALTH

RECEIVED
AUG 1 1946
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942) ★

CERTIFICATE OF DEATH

Reg. Dist. No. 0704/62

1. PLACE OF DEATH:

County GarrettCity or town RD#2 Grantsville, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town RD#2 Grantsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Fredrick Emmons Yommer

3. (b) Social Security Number

2/3-18-25914. Sex Male 5. Color or race White 6. (a) Single, married, or divorced Married6. (b) Name of husband or wife XXXX Joe Ann Yommer6. (c) If alive, give age 44 years7. Birth date of deceased (mo., day, yr.) March 23, 19018. AGE: Years 45 Months 3 Days 15 If less than one day _____ hrs. _____ min.9. Birthplace Jennings, Md. (Garrett)
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business _____

FATHER 12. Name Louis Yommer13. Birthplace Jennings, MdMOTHER 14. Maiden name Jane Otto15. Birthplace Rd#2 Grantsville, Md.16. Informant Mrs Gladys WiltAddress Grantsville, Md.17. Burial Date thereof July 11, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GrantsvilleLocation Grantsville, Md.18. Funeral director Wm WinterbergAddress Grantsville Md19. July 41 46 Ethel Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946 at 9: A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Yommer after death 1946and that I last saw him alive on 19Immediate cause of death Coronary Occlusion

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. Yommer M.D. Depty. Med.

M. D. or other

Address Darlan Dnd Date signed 7/8/46

RECEIVED

JUL 15 1946

BUREAU V. S.